

**Department for Medicaid Services Hearing Program Fee Schedule December 2016**

<b>HEARING PROGRAM FEE SCHEDULE 2016</b>			
<b>Coverage only for KY Medicaid recipients under age 21</b>			
<b>New Codes for 2016 are in RED</b>			
<b>A referral by a physician to an audiologist shall be required for an audiology service (907 KAR 1:038)</b>			
<b>NOTICE: ANY AUDIOLOGY/HEARING CLAIM THAT REQUIRES THE SUBMISSION OF AN INVOICE MUST BE SUBMITTED VIA A PAPER CLAIM</b>			
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<b>Procedure Code</b>	<b>Procedure Name</b>	<b>Procedure Rate</b>	<b>Comments</b>
<b>92537</b>	CALORIC VESTIBULAR TEST,BILATERAL;BITHERMAL	<b>\$31.70</b>	<b>Effective 1/1/2016</b>
<b>92538</b>	CALORIC VESTIBULAR TEST, BILATERAL; MONOTHERMAL	<b>\$16.10</b>	<b>Effective 1/1/2016</b>
92541	SPONTANEOUS NYSTAGMUS TEST	\$31.41	
92542	POSITIONAL NYSTAGMUS TEST	\$27.75	
92544	OPTOKINETIC NYSTAGMUS TEST	\$21.45	
92545	OSCILLATING TRACKING TEST	\$18.45	
92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	\$23.94	
92547	USE OF VERTICAL ELECTRODES	\$15.67	
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	\$12.24	
92555	SPEECH AUDIOMETRY THRESHOLD	\$10.63	
92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	\$15.94	
92557	COMPREHENSIVE AUDIOMETRY EVALUATION	\$33.47	
92567	TYMPANOMETRY	\$14.87	
92568	ACOUSTIC REFLEX TESTING	\$10.63	
92579	VISUAL REINFORCEMENT AUDIOMETRY	\$20.21	
92585	AUDITORY EVOKED POTENTIALS	\$109.38	
92587	EVOKED OTOACOUSTIC EMISSIONS	\$43.18	
92588	COMP OR DIAGNOSTIC EVAL (COMPARISON OF TRANSIENT AND/OR DISTORTION PRODUCT OTOACOUSTIC EMISSIONS AT MULTIPLE LEVELS AND FREQ.)	\$60.05	
<b>92601</b>	<b>COCHLEAR IMPLT F/UP EXAM &lt;7</b>	<b>\$87.63</b>	<b>Effective 1/1/14</b>
<b>92602</b>	<b>REPROGRAM COCHLEAR IMPLT 7/&gt;</b>	<b>\$53.34</b>	<b>Effective 1/1/14</b>
<b>92603</b>	<b>COCHLEAR IMPLT F/UP EXAM 7/&gt;</b>	<b>\$87.63</b>	<b>Effective 1/1/14</b>
<b>92604</b>	<b>REPROGRAM COCHLEAR IMPLT 7/&gt;</b>	<b>\$52.49</b>	<b>Effective 1/1/14</b>
<b>92626</b>	<b>EVALUATION OF HEARING REHABILITATION</b>	<b>\$53.42</b>	<b>Effective 1/1/14</b>
V5010	ASSESSMENT FOR HEARING AID	\$26.00	
V5011	SIX-MONTH CHECK-UP	\$5.00	

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V5014	PROF FEE+REPAIR OF AID (MAXIMUM ALLOWABLE AMOUNT)	\$115.00	
V5020	CONFORMITY EVALUATION	\$9.75	UP TO 3 VISITS WITHIN 6 MO PERIOD
V5030	BODY-WORN HEARING AID AIR	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5040	BODY-WORN HEARING AID BONE	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5050	HEARING AID MONAURAL IN EAR	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5060	BEHIND EAR HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5090	HEARING AID DISPENSING FEE	\$150.00	EFFECTIVE 11/20/07
V5120	BINAURAL BODY AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5130	IN EAR HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5140	BEHIND EAR HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5160	DISPENSING FEE, BINAURAL	\$200.00	EFFECTIVE 11/20/07
V5170	WITHIN EAR CROS HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5180	BEHIND EAR CROS HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5210	IN EAR BICROS HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5220	BEHIND EAR BICROS HEARING AID	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5261	HEARING AID DIGITAL BINARAL BTE	\$800.00	MAX ALLOWABLE AMOUNT PER EAR FOR 36 MO
V5264	EARMOLD	\$40.00	

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Procedure Code	Procedure Name	Procedure Rate	Comments
V5266	REPLACEMENT BATTERY	\$2.00	
V5299	ADAP HEARING AID WITH BONE OSCILLATOR/HEADBAND	\$60.00	
V5267	PRO FEE REPLACE CORD	\$21.50	